

PART B—ISSUE FEE TRANSMITTAL

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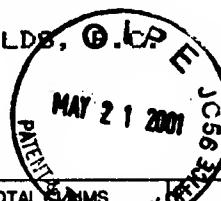
Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

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HELEN E. WENDLER, ESQ.
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TWO MILITIA DRIVE
LEXINGTON MA 02421-4799

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Paula Depelteau

(Depositor's name)

(Signature)

5/18/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL FEE AMOUNT	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/121,781	07/23/98	043	SALIMI, A	1648 05/08/01
First Named Applicant	LAROSA			35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION: ANTI-CCR2 ANTIBODIES AND METHODS OF USE THEREFOR

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 LKS98-04	424-130.100	G14	UTILITY	NO YES	\$1240.00 \$28.00	08/08/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith & Reynolds, P.C.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate if the assignee has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Millennium Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Cambridge, Massachusetts

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual Corporation or other private group entity Government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
 Advance Order - # of Copies 15

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Olivia M. Treannie (41,368)

(Date)

5-18-01

05/22/2001 08AYAS12 00000078 09121781

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

01 FC:142 1240.00 IP
02 FC:561 45.00 IP

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